UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21^{5t} Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmari	k	Date	e Received		N	otification	
I. TYPE OF NOTIFICATION (C	= Original / R = Revis	ed) : R				L		
II. FACILITY INFORMATION (Id	entify owner, removal	contractor, and	other operato	or)				
OWNER: SAVANNA								
Address: 430 Park Avenue								
City: NY			State: NY			ZIP: 10038		
Contact: Liza Rodiger						Tel: (212) 821-8695		
REMOVAL CONTRACTOR: JVN	Restoration Inc.	-, ,			·			
Address: 47 Foster Road								
City: Staten Island			State: New York			ZIP: 10309		
Contact: Ignatius Marraccino	Contact: Ignatius Marraccino						Tel: 718-605-6256	
								
Address:			W - 21		-			
OTHER OPERATOR:							1	
Contact:	ntact:					Tel:		
III. TYPE OF OPERATION (D = I	bestos Remo	oval Only						
IV. IS ASBESTOS PRESENT? (Yes/No): Yes							
V FACILITY DESCRIPTION	(include building non	aa numbaraa	d flaar ar us			2000		
	include building hair	ne, number an	a floor or roc	om number)	:			
Building: Yes			,					
Address: 110 William Street		,						
Address:								
City: New York			State: New York			County: Manhattan		
Site Location: 22 nd Floor Suite 221	0					***		
Building Size	Sq Meter:	Sq Ft:		# of Flo	# of Floors:		Age in Years	
Present Use: Commercial		100	0,000					
Present Use: Commercial Prior Use: Commercial VI.					nerciai			
VI.								
VII								
VII.			RACM to be	Removed	t	-friable Asbes o be removed Category I		
DIDEO L			Category II					
PIPES - Linear Feet			87					
PIPES- Linear Meters								
Surface Area - Square Feet					VAT/N	1astic 6,920		
Surface Area - Square Meters				****		£.		
Volume RACM off Facility Compo								
Volume RACM off Facility Compo	nent - Cubic Meters							
xVIII. SCHEDULED DATES OF	ASBESTOS REMOVA	L: (MM/DD/Y	Y) Sta	rt: 10/24/20	016	Completio	n: 10/13/2017	
X. SCHEDULED DATES OF DEN	OLITION/RENOVATION	ON: (MM/DD/	YY) Star	t:		Completion	n:	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	VATION WORK, AND METI	HOD(S) TO BE USED:					
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING (ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet N							
VII MACTE TO	20:01	2815 OCT 25 Att					
XII. WASTE TRANSPORTER #1		. 17					
Name: Vandan Disposal		* * * * * * * * * * * * * * * * * * * 					
Address: 1009 Glen Cove Avenue							
City: Glen Head	State: New York	ZIP: 11545					
Contact Person: Mark	To	elephone: (718) 991-2828					
WASTE TRANSPORTER #2							
Name:	74						
Address:							
City:	State:						
Contact Person:		ZIP:					
XIII. WASTE DISPOSAL SITE	reiepnone:						
Name: Minerva Enterprises Inc.							
Address: 8955 Minerva Road							
City: Waynesburg							
Telephone: 330-866-3435	State: OH	ZIP: 44688					
The state of the s							
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENC Name: N/A		AGENCY BELOW					
	Title:						
Authority:							
Date if Order (MM/DD/YY):	Date Ordered to Begin (I	MM/DD/YY):					
XV. FOR EMERGENCY RENOVATIONS	-						
Date and Hour of Emergency (MM/DD/YY):		-					
Description of the Sudden, Unexpected Event:	71) And 100 May 1						
Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:							
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBL	EVENT THAT UNEXPECTE ED, PULVERIZED, OR REI	ED ASBESTOS IS FOUND OR DUCED TO POWDER:					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISI SUBPART M) WILL BE ON-SITE DURING THE DEMORPH TRAINING HAS BEEN ACCOMPLISHED EINSPECTION DURING NORMAL BUSINESS HOURS.	(Required 1 year after pro	AVAILABLE FOR omulgation) .					
Signature of Owner/Operator Project Manager	10/	/20/2016					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT	Т.	Date					
Ignatius Marraccino	10/2	20/2016					
Signature of Owner/Operator Project Manager	Date						